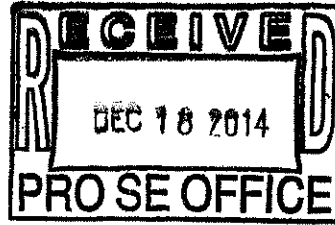


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKMuriel Veronica Richards,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

The New York Public Library; Mr.Corry Gadson of The New  
\_\_\_\_\_  
\_\_\_\_\_York Public Library  
\_\_\_\_\_COMPLAINT  
FOR EMPLOYMENT  
DISCRIMINATIONJury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. Typically, the company or organization named in your charge to the Equal Employment Opportunity Commission should be named as a defendant. Addresses should not be included here.)

14 CV 10272

This action is brought for discrimination in employment pursuant to: (check only those that apply)

☒

Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

**NOTE:** In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.
☒

Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 - 634.

**NOTE:** In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.
☒

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 - 12117.

**NOTE:** In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.
☒

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

☒

New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131 (actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status).

**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Muriel Veronica Richards  
 Street Address 115 Mills Avenue,  
 County, City Staten Island,  
 State & Zip Code New York 10305  
 Telephone Number 347-933-5272

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant Name The New York Public Library & Mr. Corry Gadson  
of the New York Public  
Library  
 Street Address 188 Madison Avenue,  
 County, City New York,  
 State & Zip Code New York 10016  
 Telephone Number 1-212-592-7322

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer The New York Public Library  
 Street Address 56 Giffords Lane,  
 County, City Staten Island,  
 State & Zip Code New York 10308  
 Telephone Number 1-718-984-6670

**II. Statement of Claim:**

State as briefly as possible the facts of your case, including relevant dates and events. Describe how you were discriminated against. If you are pursuing claims under other federal or state statutes, you should include facts to support those claims. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. The discriminatory conduct of which I complain in this action includes: *(check only those that apply)*

☐ Failure to hire me.  
☐ Termination of my employment.  
☒ Failure to promote me.  
☒ Failure to accommodate my disability.  
☒ Unequal terms and conditions of my employment.

\_\_\_\_\_ Retaliation.

\_\_\_\_\_ Other acts (specify): \_\_\_\_\_.

*Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.*

B. It is my best recollection that the alleged discriminatory acts occurred on: 2008-present  
Date(s)

C. I believe that defendant(s) (check one):

☒ \_\_\_\_\_ is still committing these acts against me.

\_\_\_\_\_ is not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and explain):

☐ race \_\_\_\_\_ ☐ color \_\_\_\_\_

☐ gender/sex \_\_\_\_\_ ☐ religion \_\_\_\_\_

☐ national origin \_\_\_\_\_

☒ age. My date of birth is 08/31/1966 (Give your date of birth only if you are asserting a claim of age discrimination.)

☒ disability or perceived disability, IDDM; legal blindness; OSA (specify)

E. The facts of my case are as follow (attach additional sheets as necessary):

1) Defendant ignored relevant medical documentation; 2) Defendant has consistently denied plaintiff dozens and dozens of positions; 3) Defendant, on at least one occasion, did not respond in accordance with the relevant provisions of the ADA regarding one of plaintiff's request for reasonable accomodation;

*Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the New York State Division of Human Rights or the New York City Commission on Human Rights.*

### III. Exhaustion of Federal Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding defendant's alleged discriminatory conduct on: 08 16 13 (Date).

B. The Equal Employment Opportunity Commission (check one):

☒ has not issued a Notice of Right to Sue letter.  
☐ issued a Notice of Right to Sue letter, which I received on 09/20/14 (Date).

*Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.*

C. Only litigants alleging age discrimination must answer this Question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (check one):

☒ 60 days or more have elapsed.  
☐ less than 60 days have elapsed.

#### IV. Relief:

**WHEREFORE**, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs, as follows:

1) Alteration of Feb. 2013 disciplinary memo to include existence and content of relevant medical documentation submitted to defendant previously; 2) \$300,000 as well as all other compensatory and punitive damages permitted

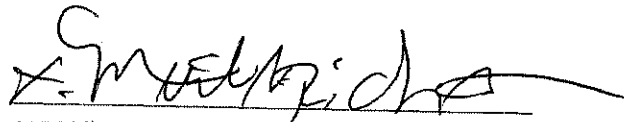
*(Describe relief sought, including amount of damages, if any, and the basis for such relief.)*  
 under applicable law(s); back pay; future earnings; as well all other relief and damages deemed appropriate by this Honorable Court.

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this 15 day of December, 2014.

Signature of Plaintiff

Address



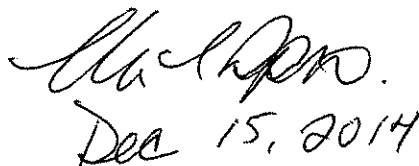
115 Mills Avenue,

Staten Island, New York 10305

Telephone Number

347-933-5272

Fax Number (if you have one)

  
 Dec 15, 2014.

MICHAEL T. IPPOLITO  
 Notary Public, State of New York  
 No. 24-4748270 Qual. in Kings Co.  
 Commission Expires Sept. 30, 2017

Name	Muriel Richards		Company	The New York Public Library		Employee ID	127409	Pay Period Begin	12/01/2014	Pay Period End	12/14/2014	Check Date	12/12/2014	Check Number	714948					
Employee Address	P.O. Box 20122 Staten Island, NY 10302																			
Employee Phone																				
Company Address	445 Fifth Avenue, 8th Floor New York, NY 10016 United States of America																			
Company Phone	+1 (212) 592-7413																			
Current																				
YTD	Gross Pay		735.77		Pre Tax Deductions		22.07		Taxes		169.44		Post Tax Deductions		64.72		Net Pay		479.54	
YTD	Gross Pay		19,503.97		Pre Tax Deductions		585.14		Taxes		4,834.79		Post Tax Deductions		856.30		Net Pay		13,227.74	
Description	Dates	Hours	Rate	Amount	YTD															
Bonus					500.00															
Holiday Pay					842.90															
Regular	12/01/2014 - 12/14/2014	35	21.021978	735.77	17,171.93															
Retro Payment					1,189.14															
Earnings					735.77	19,503.97														
Description	Pre Tax Deductions				Amount	Post Tax Deductions				Amount	Employee Taxes				Amount	YTD				
New York State Retirement					22.07					169.44					4,834.79					
Earnings or Deductions					585.14					50.00					20.33					
Description	Taxable Wages				Amount	Deductions				Amount	Employee Taxes				Amount	YTD				
Medicare - Taxable Wages					22.07					64.72					856.30					
Federal Withholding - Taxable Wages																				
OASDI - Taxable Wages																				
YTD					740.23					740.23					19,606.55					
YTD					718.16					718.16					19,021.41					
YTD					740.23					740.23					19,606.55					



## Eltingville Veterinary Practice

www.Eltingvillevet.org  
4353 Hylan Blvd.  
Staten Island, NY 10312  
(718) 208-4118

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Muriel Richards  
115 Mills Avenue  
2nd floor  
Staten Island, NY 10305

Client ID: 95  
Invoice #: 443  
Date: 11/5/2014

Patient ID: 309		Species: Feline		Weight: 2.90 pounds	
Patient Name: Glenda		Breed: Domestic Shorthair		Birthday: 08/05/2014	
				Sex: Female	
Description		Staff Name	Quantity	Total	
11/5/2014	OV-Puppy/Kitten	Danielle Pugliese, DVM	1.00	\$42.00	
	Antech FeLV/FIV Elisa		1.00	\$63.50	
	Revolution Pup/Kit		1.00	\$16.00	
	Capstar Tablet 11.4mg		1.00	\$7.50	
	Nemex 2 Suspension (Pyrantel Pamoate)		1.00	\$12.50	
	Nail Trim Courtesy		1.00	\$0.00	
<b>Patient Subtotal:</b>				<b>\$141.50</b>	
<b>Invoice Total:</b>				<b>\$141.50</b>	
Courtesy Discount:				(\$12.50)	
Total:				\$129.00	
Balance Due:				\$129.00	
Previous Balance:				\$0.00	
Balance Due:				\$129.00	
Cash :				(\$140.00)	
Less Payment:				(\$140.00)	
Change Given:				\$11.00	
<b>Balance Due:</b>				<b>\$0.00</b>	

**Scheduled Appointments:**  
Appt. for Wiggles on 11/7/2014 at 09:00 am.

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Muriel Richards  
115 Mills Avenue  
2nd floor  
Staten Island, NY 10305

Client ID: 95  
Invoice #: 499  
Date: 11/17/2014

Patient ID: 331		Species: Feline		Weight: 8.70 pounds	
Patient Name: Greyfriar		Breed: Domestic Shorthair		Birthday: 11/15/2006	
				Sex: Male	
	Description	Staff Name	Quantity	Total	
11/15/2014	OV-Initial Consultation/Exam	Danielle Pugliese, DVM	1.00	\$57.00	
	Radiograph- Initial View		1.00	\$100.00	
	Comprehensive CBC Laboratory Test		1.00	\$45.00	
	Catalyst Chemistry 10		1.00	\$65.00	
	Antech FeLV/FIV Elisa		1.00	\$63.50	
11/17/2014	Cremation		1.00	\$40.00	
<b>Patient Subtotal:</b>				<b>\$370.50</b>	
<b>Invoice Total:</b>				<b>\$370.50</b>	
50% Discount :				(\$133.50)	
20% Discount :				(\$12.70)	
Total:				\$224.30	
Invoice Balance Due:				\$224.30	
Cash :				(\$120.00)	
Less Payment:				(\$120.00)	
<b>Invoice Balance Due:</b>				<b>\$104.30</b>	
<b>Balance Due:</b>				<b>\$705.98</b>	

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Muriel Richards  
115 Mills Avenue  
2nd floor  
Staten Island, NY 10305

Client ID: 95  
Invoice #: 526  
Date: 11/21/2014

Patient ID: 131		Species: Feline		Weight: 4.00 pounds	
Patient Name: Wiggles		Breed: Domestic Shorthair		Birthday: 06/27/2014	
				Sex: Male	
Description		Staff Name	Quantity	Total	
11/17/2014	OV-Consultation/Exam	Danielle Pugliese, DVM	1.00	\$57.00	
	Comprehensive CBC Laboratory Test		1.00	\$45.00	
	Idexx Chem 17		1.00	\$95.00	
	Antech FIP 7b ELISA		1.00	\$124.60	
	Fluids IV Setup		1.00	\$125.00	
	Esophagostomy Tube Placement		1.00	\$250.00	
	Cerenia Injection		1.00	\$30.00	
	Antibiotic Injection		1.00	\$35.00	
	Hospitalization ICU		1.00	\$185.00	
	Died in Hospital		1.00	\$0.00	
	Communal Cremation 0-5lbs		1.00	\$30.00	
Patient Subtotal:				\$976.60	

Patient ID: 331		Species: Feline		Weight: 8.70 pounds	
Patient Name: Greyfriar		Breed: Domestic Shorthair		Birthday: 11/15/2006	
				Sex: Male	
Description		Staff Name	Quantity	Total	
11/17/2014	Euthanasia Services	Danielle Pugliese, DVM	1.00	\$0.00	
Patient Subtotal:				\$0.00	
Invoice Total:				\$976.60	
50% Discount :				(\$350.00)	
20% Discount :				(\$24.92)	
Total:				\$601.68	
Invoice Balance Due:				\$601.68	
Balance Due:				\$705.98	

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Name	Company		Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Muriel Richards	The New York Public Library		127409	12/01/2014	12/14/2014	12/12/2014	714948
Employee Address	Employee Phone	Company Address		Company Phone			
P.O. Box 20122 Slaten Island, NY 10302		445 Fifth Avenue, 8th Floor New York, NY 10016 United States of America		+1 (212) 592-7413			
	Gross Pay	Pre Tax Deductions	Taxes	Post Tax Deductions	Net Pay		
Current	735.77	22.07	169.44	64.72	479.54		
YTD	19,503.97	585.14	4,834.79	856.30	13,227.74		
Earnings							
Description	Dates	Hours	Rate	Amount	YTD		
Bonus					500.00		
Holiday Pay	12/01/2014 - 12/14/2014	35	21.021978	735.77	642.90		
Regular					17,171.93		
Retro Payment					1,189.14		
						City Tax - NY 14.19	
						Federal Withholding 78.29	
						Medicare 10.73	
						OASDI 45.90	
						State Tax - NY 20.33	
Earnings				735.77	19,503.97	Employee Taxes 169.44	
Pre Tax Deductions							
Description	Amount	YTD					
New York State Retirement	22.07	585.14					
			Local 1930 Union Dues 14.72				
			Staff Loan Payback 50.00				
Earnings or Deductions	22.07	585.14	Deductions 64.72				
Taxable Wages							
Description	Amount	YTD					
Medicare - Taxable Wages	740.23	19,606.58					
Federal Withholding - Taxable Wages	718.16	19,021.41					
OASDI - Taxable Wages	740.23	19,606.58					



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				Sex: Male	
Description		Staff Name	Quantity	Total	
11/17/2014	OV-Consultation/Exam	Danielle Pugliese, DVM	1.00	\$57.00	
	Comprehensive CBC Laboratory Test		1.00	\$45.00	
	Ikexx Chem 17		1.00	\$95.00	
	Antech FIP 7b ELISA		1.00	\$124.60	
	Fluids IV Setup		1.00	\$125.00	
	Esophagostomy Tube Placement		1.00	\$250.00	
	Cerenia Injection		1.00	\$30.00	
	Antibiotic Injection		1.00	\$35.00	
	Hospitalization ICU		1.00	\$185.00	
	Died in Hospital		1.00	\$0.00	
	Communal Cremation 0-5lbs		1.00	\$30.00	
Patient Subtotal:				\$976.60	

Patient ID: 331		Species: Feline		Weight: 8.70 pounds	
Patient Name: Greyfriar		Breed: Domestic Shorthair		Birthday: 11/15/2006	
				Sex: Male	
Description		Staff Name	Quantity	Total	
11/17/2014	Euthanasia Services	Danielle Pugliese, DVM	1.00	\$0.00	
Patient Subtotal:				\$0.00	
Invoice Total:				\$976.60	
50% Discount :				(\$350.00)	
20% Discount :				(\$24.92)	
Total:				\$601.68	
Invoice Balance Due:				\$601.68	
Balance Due:				\$705.98	

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